

Surveillance and Utilization Review Section (SURS)

ACS Provider Fair



Jennifer Tucker, CPC
Program Integrity Auditor and
SURS Business Analyst

What is SURS?

Surveillance/Utilization Review Section is a Federally mandated program [\[42 CFR, Part 456.3\]](#)

The program maintains a strong commitment to assure that the right provider is receiving the right payment for the right services at the right time. We identify potential fraud, waste and abuse to ensure that State and Federal monies are spent appropriately.



We accomplish this by:

- performing retrospective reviews
- educating medical providers
- recovering overpayments if indicated



The Medicaid Processing System

- Claims processing system includes numerous edits
- To identify most billing errors
- It doesn't detect all errors

The Medicaid Processing System

- Some claims are paid in error
 - due to incorrect billing
 - system complications
- ALL paid claims are subject to retrospective review
 - this includes prior authorized claims

Overpayment Recovery



SURS can recover whether the error is caused by the provider or the Medicaid claims processing system. [\[ARM 37.85.406 \(9\) & \(10\)\]](#)

Referrals

Referrals may come from:

- Program Officers
- Other agencies
- Fraud detection system
- Anywhere!



Montana Medicaid Website

<http://medicaidprovider.hhs.mt.gov/>





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NEW PROVIDER
ENROLLMENT OR
EXISTING PROVIDER
REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION PROVIDER INFORMATION

Log in to Montana Access to
Health



5010 HIPAA
Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic
Screening, Diagnosis and
Treatment

Electronic Billing

Electronic Billing Companion
Guides

Electronic Health Records
Incentives

Emergency Services

FAQs

Forms

Health Improvement

Montana Medicaid Provider Information

WHAT'S NEW ON THE SITE THIS WEEK

Payment Error Rate Measurement (PERM)

Beginning October 1, 2011, Montana Health Care Programs will be required to participate in the federal PERM program.

This national program will measure improper payment in Medicaid and HMK because these two programs were identified as being at risk for significant erroneous payments. Providers will be asked to send copies of selected claims and medical records to a CMS contractor for review.

See the [provider notice](#) dated September 7, 2011, for more information.

State Fiscal Year (SFY) 2012 Proposed RBRVS Fee Schedule [Fee Schedule](#)

Upcoming Training!

Fall 2011 Provider Training is scheduled for September through November. All trainings will be provided via WebEx.

Register for the training sessions via the WebEx links on the [Training](#) and [Upcoming Events](#) pages.

Fall 2011 Provider Training Survey

This is your opportunity to assist with the program development for the Fall 2011 sessions. Click the link below.

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\(manuals, fee schedules,
notices, etc\)](#)[Site Map](#)[Team Care](#)[Training](#)[Upcoming Events](#)[Web Links](#)

State Fiscal Year (SFY) 2012 Proposed RBRVS Fee Schedule [Fee Schedule](#)

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Fall 2011 Provider Training Survey

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[Survey](#)

HIPAA 5010 Deadline Closer Than You Think!

All electronic X12 transactions must be submitted in the HIPAA 5010-compliant format beginning January 1, 2012.

Contact your software vendor and/or clearinghouse to make sure they are prepared to meet the deadline so that your claims processing is not delayed. For WINASAP users, a 5010-compliant version will be available later this year.


Watch for more details about plans for Montana Health Care Programs to be ready to accept and return transactions in the 5010 format and for other information related to 5010.

Health IT Environmental Survey

HealthShare Montana, Montana DPHHS, Health Technology Services, Montana Tech, and other Montana HIT entities need your assistance in completing an environmental survey.

This survey provides Montana with valuable baseline information required for:

Here
you can
select
the
provider
type you
are
looking
for.



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Select Your Provider Type

Provider types beginning with:
[A - C](#) | [D - F](#) | [G - K](#) | [L - O](#) | [P - Q](#) | [R - Z](#)

Provider Types From A - C

- [Ambulance](#) (Updated October 21, 2008)
- [Ambulatory Surgical Center](#) (Updated October 21, 2008)
- [Audiologist](#) (Updated October 21, 2008)
- [Chemical Dependency](#) (Updated October 21, 2008)
- [Chiropractor \(QMB\)](#) (Updated October 21, 2008)
- [Clinic \(Freestanding Dialysis\)](#) (Updated October 21, 2008)
- [Clinic \(Public Health\)](#) (Updated October 21, 2008)

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Provider Types From D - F

- [Dentist](#) (Updated October 21, 2008)
- [Denturist](#) (Updated October 21, 2008)
- [Dialysis Clinic \(Freestanding\)](#) (Updated October 21, 2008)
- [Dialysis \(Home\)](#) (Updated October 21, 2008)
- [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\)](#) (Updated October 21, 2008)
- [EPSDT](#) (Updated October 21, 2008)
- [Eyeglasses](#) (Updated October 21, 2008)
- [Federally Qualified Health Care Center \(FQHC\)](#) (Updated October 21, 2008)

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Provider Types From G - K

Multiple
resources
are
available
on this
page

“What’s
New!?” –
“Weekly
postings”



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Ambulance

[Provider Manuals](#) (Updated August 31, 2005)
[Medicaid Rules/Regulations](#) (Updated May 9, 2006)
[Fee Schedules](#) (Updated October 7, 2008)
[Notices and Replacement Pages](#) (Updated October 21, 2008)
[Other Resources](#) (Updated January 2, 2008)
[Remittance Advice Notice](#)
[Key Contacts](#) (Updated March 1, 2007)

Provider Manuals
[General Information For Providers](#)
Medicaid billing manual with general information for all provider types.
04/2005

[Ambulance Services](#)
This manual has billing instructions specific to your provider type.
08/2005

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Medicaid Rules/Regulations
[Administrative Rules of Montana \(ARM\)](#)
[Montana Code Annotated \(MCA\)](#)
[Code of Federal Regulations \(CFR\)](#)

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Rule/Regulation Materials

- Code of Federal Regulations (CFR)
- Montana Code Annotated (MCA)
- Administrative Rules of Montana (ARM)





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- [Federal Register](#)
- [Regulations.gov](#)
- [Unified Agenda](#)
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ABOUT GOVERNMENT

[Ben's Guide to U.S. Government](#)

[Home Page](#) > [Executive Branch](#) > Code of Federal Regulations

Code of Federal Regulations (CFR): Main Page

The Code of Federal Regulations (CFR) is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. It is divided into 50 titles that represent broad areas subject to Federal regulation. Each volume of the CFR is updated once each calendar year and is issued on a quarterly basis. [More](#).



Most Current 50 Titles (2009-2010)

- Quick Search: (ex: 20CFR404, prescriptions AND "drug enforcement administration")

[\[Search Tips \]](#)

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1996 through current year

Based on CFR update schedule

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Other Services

- Purchase individual CFR titles through the [U.S. Government Online Bookstore](#).
- Find issues of the CFR (including issues prior to 1996) at a local [Federal depository library](#).

A service of the U.S. Government Printing Office.

Last updated: April 1, 2010

Page Name: <http://www.gpoaccess.gov/cfr/index.html>

Montana Code Annotated 2009

Includes Ballot Issues Adopted at the General Election held November 2, 2010

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Or you
can go
directly
to the site
www.mt.rules.org

This site
will give
you a
search
tool for
the
ARMS



ARM Title 37 - Public Health & Human Services

The Administrative Rules of Montana (ARM) available at this site contain what should be the same text as the official version published by the Office of the Secretary of State. There is a possibility, however, that the content may vary from the official version. In addition, the format has been changed for viewing on this web site. A copy of the official ARM in official format can be obtained from the ARM Bureau of the Office of the Secretary of State, by calling (406) 444-2055.

- [ARM Title 37 Table of Contents](#)
- [Organizational Rule: Chapter 1](#)
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- [Documentation and Study of Abortion: Chapter 21](#)
- [Residential Alcohol and Drug Treatment for Indigent Juveniles: Chapter 25](#)
- [Chemical Dependency Programs: Chapter 27](#)
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- [Independent Living Rehabilitation Program: Chapter 31](#)
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- [Telecommunications Access Program: Chapter 36](#)
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- [Senior and Long Term Care Services: Chapter 40](#)
- [Aging Services: Chapter 41](#)

You can search by text, rule number or even chapter number. You can also get a table of contents listing.



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SECRETARY OF STATE *Brad Johnson*
Montana Secretary of State

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You do not need to subscribe to search the ARM or Register. Subscription is free and allows users to save searches and create a book of commonly used rules.

How to ...

- [Learn](#) more about the administrative rule process
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Related Resources

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- [Secretary of State](#)
- [Administrative Rules and Notary Services](#)
- [ARM templates](#)
- [Montana Code Annotated \(MCA\)](#)
- [Code of Federal Regulations \(CFR\)](#)



this is
MONTANA

Administrative Rules of Montana

(updated through June 2008)

Full Text Search ?

Match words within current rules in Administrative Rules of Montana

By Rule Number ?

e.g., 42.26.203

By Chapter Number ?

e.g., 42.26

By Department, Chapter, and Rule Table of Contents

By MCA Number ?

e.g., 2-3-103

By Title Number ?

e.g., 10, 37

Montana Administrative Register

(from January 2007)

Full Text Search ?

Search By Notice No. ?

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Click on the Department name to search by Chapters.

Click on the table header to re-sort the results.

Press **Ctrl-F** to search by text.

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37	PUBLIC HEALTH AND HUMAN SERVICES

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Click on the Chapter No. to search the Rules in the Chapter.
Click on the table header to re-sort the results.
Press **Ctrl-F** to search by text.

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37.94	RESERVED
37.95	LICENSURE OF DAY CARE FACILITIES
37.96	RESERVED
37.97	LICENSURE OF YOUTH CARE FACILITIES
37.98	OUTDOOR BEHAVIORAL PROGRAM
37.99	RESERVED
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37.102	RESERVED
37.103	RESERVED



Secretary of State Linda McCulloch
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Rule Chapter: 37.85

Chapter Title: GENERAL MEDICAID SERVICES



[PUBLIC HEALTH AND HUMAN SERVICES](#)

37.85 : GENERAL MEDICAID SERVICES



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Click on the Rule No. to see Rule text.
Press **Ctrl-F** to search by text.

Rule No.	Rule Title	Latest Version	Effective Date
Subchapter 1 reserved			
Subchapter 2 Miscellaneous			
37.85.201	SELECTION OF PROVIDER		7/1/1999
Rules 37.85.202 and 37.85.203 reserved			
37.85.204	RECIPIENT REQUIREMENTS, COST SHARING		11/15/2002
37.85.205	RECIPIENT RESTRICTION OF ACCESS TO MEDICAL SERVICES	REP	7/23/2004
37.85.206	SERVICES PROVIDED		1/1/2010
37.85.207	SERVICES NOT PROVIDED BY THE MEDICAID PROGRAM		10/26/2007
Rules 37.85.208 through 37.85.211 reserved			
37.85.212	RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES		7/1/2009
Rules 37.85.213 through 37.85.219 reserved			
37.85.220	INDEPENDENT DIAGNOSTIC TESTING FACILITIES		3/15/2002

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Montana SECRETARY OF STATE[HOME](#) [SEARCH](#) [COMMENT](#) [ABOUT US](#) [CONTACT US](#) [HELP](#)**Rule: 37.85.212**[Prev](#) [Up](#) [Next](#)

Rule Title: RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES

Department: [PUBLIC HEALTH AND HUMAN SERVICES](#)Chapter: [GENERAL MEDICAID SERVICES](#)Subchapter: [Miscellaneous](#)[Add to Favorites](#)

Latest version of the adopted rule presented in Administrative Rules of Montana (ARM):

[Printer Friendly Version](#)**37.85.212 RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES**

(1) For purposes of this rule, the following definitions apply:

(a) "Anesthesia units" means time and base units used to compute reimbursement under RBRVS for anesthesia services. Base units are those units as defined by the Medicare program. Time units are 15 minute intervals during which anesthesia is provided.

(b) "Conversion factor" means a dollar amount by which the relative value units, or the base and time units for anesthesia services, are multiplied in order to establish the RBRVS fee for a service. Effective July 1, 2008 there are four conversion factor categories. They are:

(i) physician services, which applies to the following health care professionals listed in (2): physicians, mid-levels, podiatrists, public health clinics, independent diagnostic testing facilities, nutrition providers, QMB and EPSDT chiropractors, and dentists rendering medical procedures. The conversion factor for physician services for state fiscal year 2010 is \$40.09;

(ii) allied services, which applies to the following health care professionals listed in (2): physical therapists, occupational therapists, speech therapists, optometrists, opticians, audiologists, and school-based services. The conversion factor for allied services for state fiscal year 2010 is \$30.39;

(iii) mental health services, which applies to the following health care professionals listed in (2): psychologists, licensed clinical social workers, and licensed professional counselors. The conversion factor for mental health services for state fiscal year 2010 is \$24.26; and

(iv) anesthesia services, which applies to anesthesia services. The conversion factor for

Coding Reference Materials

Some coding reference materials

- CPT and CPT Assistant
- HCPCS
- ICD-9-CM
- CDT
- DSM
- Publications or training specific to your specialty.



“If it isn’t documented, it didn’t happen.”



Maintain records which demonstrate the extent, nature and medical necessity of services provided [\[ARM 37.85.414\]](#)



DOCUMENT!
DOCUMENT!
DOCUMENT!



Record Keeping Tips

- Retain medical records for six years and three months from the date of service
- Documentation must specify treatment start and end times when the service is time based.
[37.85.414(1)(b)]



Record Keeping Tips

- Records cannot be altered and must reflect the services provided. If a record needs to be corrected, a provider should...
 - Cross out with a single line
 - Write correct information
 - Date and initial the correction



Record Keeping Tips

- Provider's must have a contingency plan to ensure the availability of documentation in the event of a loss of medical records.

[ARM 37.85.414]

- Provider's must obtain **written** authorization from the Department for any variation from the usual billing practice.

[ARM 37.85.412 and 37.85.413]



Provider Responsibility

It is the *responsibility of the provider* to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies and covered services.

In addition, providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

- DOLI (<http://app.mt.gov/lookup/index.html>)
 - LEIE (<http://exclusions.oig.hhs.gov/>)
 - EPLS (<https://www.epls.gov/>)

Department of Labor and Industry (DOLI)

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Licensee Lookup System - mt.gov

mt.gov

Licensee Lookup System

Instructions

Search Tips

Feedback

Step 1. Choose the Profession you want to search for:

Choose a Profession... (Required)

Continue

PEOPLE WHO USE THIS
SERVICE ALSO USE:

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Search for officers/directors of a business
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2 Ways to search for information on individual licensed professionals in Montana...

Welcome

Choose an option to the right to search by name, license number, city, town, zip code, or county.

[MORE ABOUT THIS DATABASE AND DISCLAIMER](#)

1. By License Number...

License Number: (Required)

Find

► For more information on professions within the licensing boards, visit [Business Standards Division](#).

2. ... or By the Name and Location of the Licensee

Licensee Last or Business Name: (Required)

Choose at least one of the following additional criteria:

Licensee First Name

Licensee City

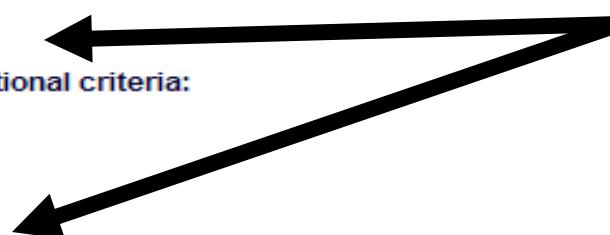
Licensee Zip Code

Licensee County

-- Choose County --



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List of Excluded Individuals/Entities (LEIE)

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Office of Inspector General

U.S. Department of Health & Human Services

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List of Excluded Individuals/Entities Search

Search up to 5 names

Last Name	First Name	*or* Business Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Exclusion Type



Excluded Parties List System (EPLS)

EPLS

Excluded Parties List System



Search - Current Exclusions

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- > [Procurement Codes](#)
- > [Nonprocurement Codes](#)

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Important Notice -- EPLS Help Desk Changes

On Monday September 21, 2009, the email addresses and phone number to contact the EPLS help desk will change. Beginning on this date, all EPLS help requests will be directed to the GSA Federal Service Desk. The current phone number and email addresses will be discontinued, and any requests made using the current contact information will not receive a response starting on September 21.

Introduction

This World Wide Web site is provided as a public service by General Services Administration (GSA) for the purpose of efficiently and conveniently disseminating information on parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits, pursuant to the provisions of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404, and each agency's codification of the Common Rule for Nonprocurement suspension and debarment.

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Contact Information

- > [For Help: Federal Service Desk](#)

Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training

http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp

- Understanding Program Exclusions
- Importance of Documentation



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U.S. Department of Health & Human Services

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HEAT Provider Compliance Training Videos

Videos and Audio Podcasts

This page contains videos and audio podcasts that are part of the award-winning Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative. We hope you'll take a look at these educational presentations designed to help prevent fraud, waste, and abuse.

These videos are available in [audio-only format](#).



A Toolkit for Health Care Boards

Lewis Morris, Chief Counsel to the Inspector General, provides tips for health care boards to promote quality of care and embrace compliance with the law.

Handout: A Toolkit for Heath Care Boards

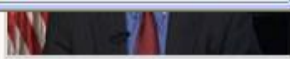
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Inspector General Introduces Compliance Training Videos and Audio Podcasts



How to Use the Exclusions Database



How to Report Fraud to the OIG



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OIG's Self Disclosure Protocol



Importance of Documentation



Tips for Implementing an Effective Compliance Program

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Compliance Program Basics



OIG Guidance



Physician Self-Referral Law



The videos are hosted on YouTube.com and embedded on OIG's web pages. If YouTube.com is blocked on your computer, any content embedded on our site will not be accessible. Please contact your IT department to remove the YouTube restriction and view these videos.

Webcast Modules

On this page you will find 16 modules from the HEAT Provider Compliance Training Webcast.

For more information and downloadable presentation material, visit the [Webcast page](#).



- ❖ Welcome Remarks 4:37
- ❖ Overview of OIG 9:56
- ❖ Navigating the Fraud and Abuse Laws 26:26
- ❖ Compliance Program Basics 17:01
- ❖ Operating an Effective Compliance Program 15:59
- ❖ Understanding Program Exclusions 10:26
- ❖ Navigating the Government 5:10
- ❖ Overview of Centers for Medicare and Medicaid Services 34:24
- ❖ Importance of Documentation 17:06
- ❖ OIG Subpoenas Audits Surveys and Self Disclosure Protocol 17:42
- ❖ Health Care Fraud Enforcement Panel 6:08
- ❖ Health Care Fraud Enforcement Panel with CMS Deputy Admin 13:43
- ❖ Health Care Fraud Enforcement Panel with Special Agent 15:10
- ❖ Health Care Fraud Enforcement Panel with Asst. US Attorney 17:08
- ❖ Health Care Fraud Enforcement Panel - Fraud Control Unit 11:15
- ❖ Adjournment 0:59

HIPAA

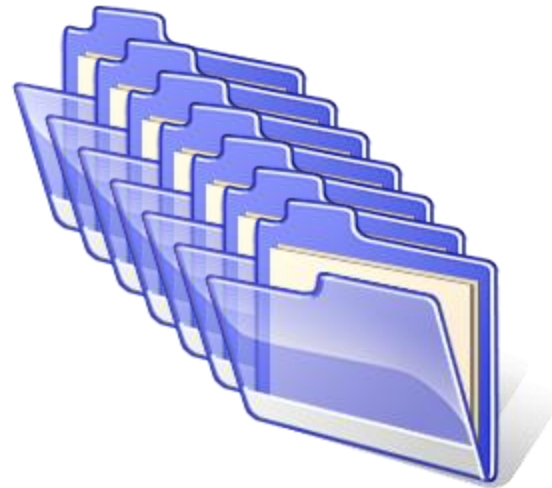
- American Recovery & Reinvestment Act has many changes for HIPAA [45 CFR, Part 160-164]
 - http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf
- CMS Website for HIPAA info
 - <http://www.cms.gov/HIPAAGenInfo/>
- Office for Civil Rights Website
 - <http://www.hhs.gov/ocr/privacy/index.html>



What are we doing?

Our unit is consistently working on several projects:

- Team Audits
- Self Audits
- Individual Audits
- New Provider Audits
- Data Audits



The progression of an audit...

1. Audit idea
2. Collection of data
3. Initial contact with provider
4. Records request letter
5. Records review
6. Overpayment letter
7. Administrative Review
8. Additional records or information review
9. Administrative Review determination
10. Fair Hearing
11. Fair Hearing determination
12. Overpayment
13. Closure

Medicaid Recovery Audit Contractor (RACs)

- Montana will be contracting per federal requirements to obtain a Medicaid RAC.
- <https://www.cms.gov/medicaidracs/home.aspx>
- http://medicaid-rac.com/?gclid=CP_M0ae-oqsCFSEEQAodvUnFiw

Payment Error Rate Measurement (PERM)

- PERM is required by CMS pursuant to the Improper Payments Information Act of 2002 (IPIA; Public Law 107-300).
- The PERM cycle has begun again in Montana.

SURS Staff

Jennifer Irish, CPC; SURS Supervisor

- 10 Program Integrity Auditors
 - 2 Licensed Health Care Professional and
 - 1 Financial Business Analyst

assigned to multiple provider types and specialties



Contact Information

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Questions?

